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AN ESSAY ON

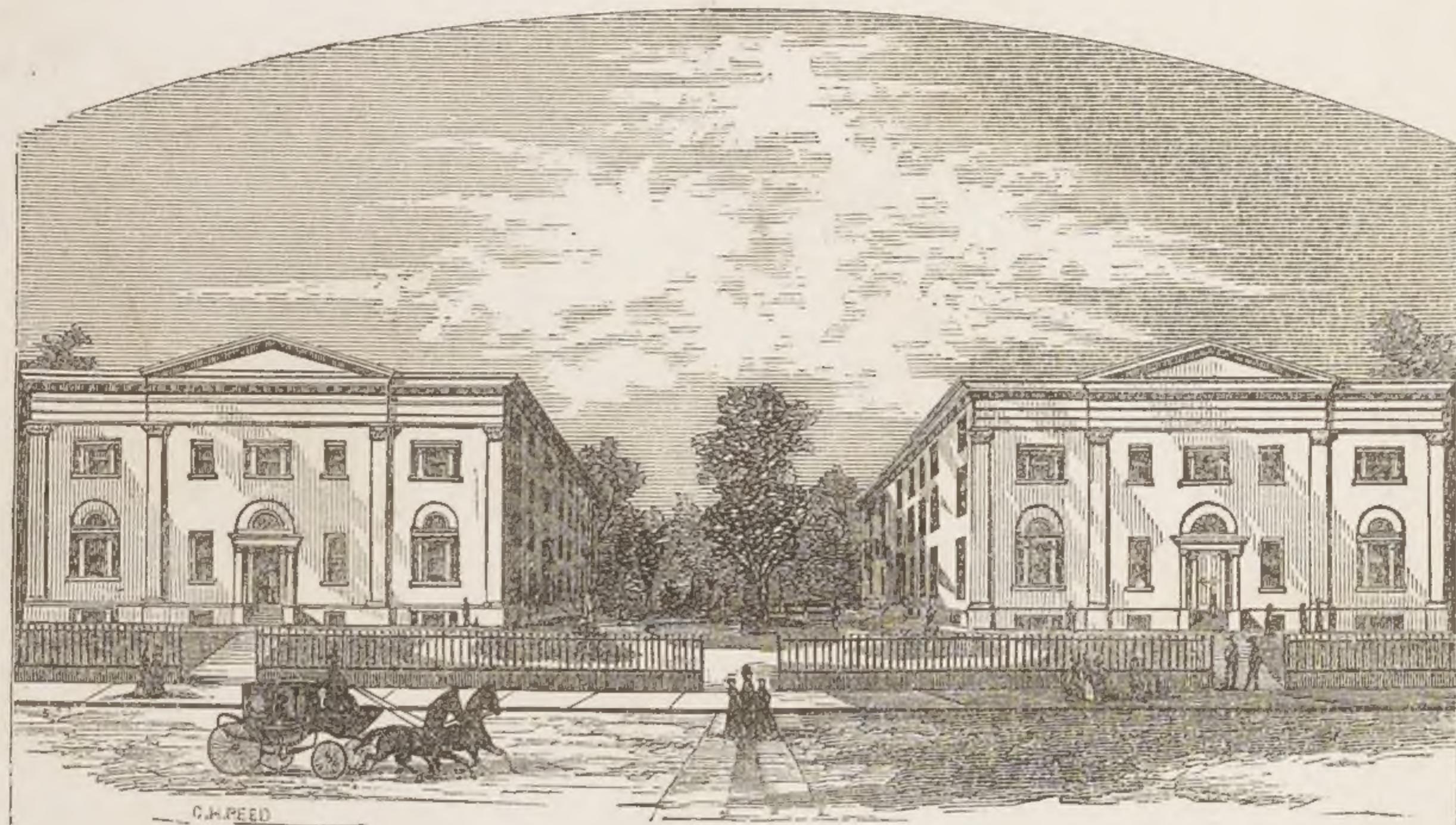
My orderly & intelligent

EPILEPSY

FOR THE

Degree of Doctor of Medicine,

IN THE



UNIVERSITY OF PENNSYLVANIA.

BY

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Introduction.

If we stop for a moment to consider this moving machine, and if we only set our eyes not upon the space above, but on the earth below, we see man the lord of creation ruling the inferior creatures dispensing of the elements for his own comfort, and developing the germ of science and knowledge. There the scientific man retired from the world, and yet in contact with it works day and night to astonish his fellow beings with the fruit of his investigations, here another raises himself like a comet with a new and wonderful invention to be the astonishment of the rest causing as it were a revolution of things, and in this way the

arts and sciences are improving every day to such an extent that it would astonish our ancestors to see things realized that they thought perhaps impossible. But Medicine like a wheel of this machine can not stand still, she moves, and moves by the way of improvement. If we look on her past we will notice the difference, we see old Medicine like a weak shade the object of the superstition of mankind while now we see in it a clear and distinct form, a rich magazine that although we do not know how much is in it still we know that it is rich in subjects that deserve our attention, full of material for investigation. Man could not but recognize this, and looking for everything that is grand could not but stop and consider this science, he could not but recognize

in it subjects worthy of his attention,
he studied and discovered hence the improvements of the medical science, many things that before were unknown now are clear to the mind of the medical man, but there are subjects that stand before the laborious investigator covered by the veil of ignorance one of these is the disease which I intend to consider, The researches of the eminent physiologists and pathologists have failed to discover the real lesion accompanying Epilepsy, if the real cause of the malady was known then we should have a ground to work upon against our enemy, but there is no ground, it is understood I speak of the variety denominated "central Epilepsy" in this case blind the practitioner throws himself in to the arms of quackery.

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It may be thought that by selecting this subject for my discussion I pretend to throw some light upon it but very far from pretending thus I can not but confess my ignorance about all that learning that is preliminary to the consideration of subjects like this, the short time of medical education that I have received will prove it.

It is impossible to give a perfect definition of this affection as Dr. Watson says, this is because of its having so different aspects and so numerous modifications. I can not but to agree with him; if we were going to give a correct definition we should have to divide the disease and describe every form as a different one. Looking perhaps to the gravest shape of the disease Copland describes it thus.

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"Sudden loss of sensation and consciousness, with
"spasmodic contraction of the voluntary muscles
"quickly passing into violent convulsive distor-
"tions, attended and followed by sopor recurring
"in paroxysms more or less regular." — Cullen
defines it as — "Convulsions of the muscles
with sopor. (muscularum convulsio cum soporo)
But these definitions can only be apply
to the "grand mal" while the "petit mal"
is excluded.

Diagnosis

If we describe the epileptic attack that will give us the diagnosis of Epilepsy. The child subject to whooping cough is in his best humor enjoying his playthings when suddenly he is attacked by the paroxysm, the same happens with the epileptic, without any premonition, generally, and

at any time day or night he suddenly utters a cry and falls to the ground losing his consciousness and the power of voluntary motion, the muscles remaining for a few seconds in a tetanic spasm getting ready as it were to begin to play violently keeping the whole frame in a constant and rapid movement; these movements are so violent that the humerus sometimes have been luxated or fractured, the eyes are turned upwards and the lids partially opened, there is a foaming at the mouth and the tongue trussed between the teeth is severely bitten, therefore the foam is tinged with blood, the thumbs are sometimes bended upon the palms of the hands, a choking sound is heard in the trachea, sometimes the urine, feces or semen are voided; these symptoms last from half to three minutes when the patient

raises himself comatose and dull in intellect or some times remains in a state of coma even for a few hours. I notice Da Costa describes the eyelids as half closed, while Nie Meyer describes them as widely opened, and again, we see some symptoms described by one author, and not by another. I think it is very probable that there is a more or less difference in some cases by the absence or presence of certain symptoms except those that I think the more pathognomies, that of the convulsions, and loss of consciousness, as even the state of sopor may not exist as I saw in a case I witnessed, and in that case of Dr. Wright that I will quote the reverse of sopor was observed.

In the "petit mal" there is only the loss of consciousness for a few seconds, in some cases accompanied only by twitchings

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of the muscles of the face and neck, Dr. Flit
relates us of two cases, the one witnessed
by himself at the wards of Bellevue Hos-
pital; a female patient quietly standing
in the ward, suddenly uttered a cry and
ran from one end of the ward to the other the
wine being voided in her course arriving at the
end of the ward she stopped looked a little
confused and quietly returned. The other is that
of a lady subject to the "grand mal" having
in the intervals frequent attacks of the
"petit mal," it happened some times that
while she was arranging her hair, the hands
were fixed precisely as they were at the
moment of seizure being not conscious of the
attack. The same author mentions cases rela-
ted by Froseen, the one of a patient who
uttered a burst of laughter without

having knowledge of the fact, and others of persons engaged in conversation of other occupations abruptly going in to the street bareheaded and walking until they recovered themselves returning to their former occupation unconscious of what happened to them, still another case related by Flint of a young man who had been subject to ordinary Epilepsy for twelve years and at the present (at the time of Dr. Flint's observation) spared from fits consisting in jumping movements repeated at intervals. In the "American Journal of the medical science" for May 1828 we read the following case related by Dr. J. H. Wright of Baltimore; "A woman, aged thirty two was subject to daily attacks of a convulsive disorder in the following manner: - She would be seized suddenly with an irresistible feeling

"of division - silent utter a loud but inarticulate exclamation and generally grasp and hold firmly the object or person nearest within her reach. I attacked with writing she would sometimes start up and run to some object or person to seize on and support herself: she rarely at the first moment of attack her countenance during the paroxysm was mild and contorted, her consciousness for a time subside, and body much agitated. In a few moments faintness would come on, and if not supported she fell; but if laid down she recovered sense and motion in a few moments. Dr C. Field
Field Jones, tell us such a case as this. The patient begins to wink and then both eyes become drawn quite under the lids towards the right, one inwards and the other outwards; he then loses consciousness for power or time

"minutes, and falls down, does not scream, but
moans as if hocked." There may be some
other forms of the disease that I do not
know of but for as many as I notice here
I see that Dr. Wilson is right in saying that
it is impossible to give a correct definition
of the disease. I have said before that the pa-
tient generally is attacked without having
any forewarning symptoms, but it must be no-
iced here that it happened some time that
the patient receives a warning of the attack, more
commonly it is call "aura epileptica" a sensa-
tion of a current of current of cold vapor begin-
ning in some parts of the body mounting to
the head; the occurrence of mental illusions, Dr.
Wilson mentions the case of a gentleman who
used to see a little old woman rapped in a
red cloak coming and striking him a

blow on the head, and at the very moment the
girl sneezed. It even comes, presented at the
chimic in the Philadelphia Hospital by Dr. W.
Leffier, there was only one who had a precursory
symptom and was that of the vision of an evil
coming to him and seeing "I got you," falling at
the very moment, pray of the attack. Two cases
more by the historian on which premonitory sing-
lings occurred three of dreams vividly in a girl,
and three of distinctness and clearness in a young
man occurring in the evening, the first taking
place in the night preceding this time to, innocent-
ly in both cases. But in others, let's go further
to there is no premonition at all, and so they
have to suffer the painful consequences that
otherwise could be prevented, and even more,
they may fall the victims of the disease been
thrown from a precipice or drowned while-

travelling by water. It may be understood that the premonitory symptoms are of no consequence whatever and only I think they come to play a secondary diagnostic part as I have shown, in some cases ~~they are not~~ found. It was thought that in the part where the aura occurs there was the exciting cause of the disease, but have this ever been proved?

Causation.

The cause of Epilepsy remains obscure, in spite of all investigations very little have been learned; there are many exciting causes anything that impoverishes the system, anything that endles the nervous system, anything that makes a strong impression upon the brain. Among these causes we might the state of convalescence from some

leanness, thick knees, intestinal worms, uterine
lesions, masturbation, tumors in the brain or
any bony growth pressing on this organ, fifty
to excessive use of the venereals, the eight
of a full ♀. - I think that there must
be a constitutional tendency in those subjects
to the attack. There must be a peculiar nervous
temperament with a tendency to this disease
as we see how many persons are frightened
how many we see in the most miserable state
of constitution, how many unhappily we see
slaves of the intoxicating drugs caring a life
of dissipation shortening the time of life that
nature has given to them, they may reach
the end of their miserable life without being
subject to Epilepsy, and so we may say
of the others.

There are cases in which no exciting cause can

be traced; and here rises the suspicion of inheritance, but to the astonishment of the examiner no trace of the disease were ever found in the patient's ancestors and the investigator have to confess his ignorance. In these cases it is very proper to suspect some poison in the blood acting as a concealed enemy. Some times it is stated that the sufferer have inherited the disease and this is noticed from the very beginning of his life hence the convulsions that are seen in children are considered as an announcement of the attack that in later time presents itself.

Prognosis.

When the existing cause of Epilepsy can not be ascertained or if it be beyond the reach of our thera-

peutical agents, the prognosis is unfavorable, as no cure can be obtained; specially in central Epilepsy when the causative agent is unknown within the previous case, our professor of Practice of Medicine once expressed himself thus "I have not seen yet a case of central Epilepsy where a cure have been obtained." Due to the little attention that has been paid to this disease in former years there are very few cases reported cured and in many of them the cure may had been temporary the physician reporting the patient cured when a mere suspicion of the attack had been affected, the disease appearing again to the astonishment of the patient who believed himself free of its terrific mewm. like the cat that amuses himself playing with his living prey leaving her free for a moment when

she tries to escape but alas! she suffers
after while the claws and the sharp teeth
of her voracious enemy. The subject of Epilep-
sy may place himself under the impulsive treat-
ment of a practitioner who after a long trial
may find the miraculous drug that will stop
the attacks entirely he may think this a great
triumph having found a cure for the disease
and he hastens to report the case hence he
advocates of the different drugs for the cure
of cerebral Epilepsy, but after some time the
patient becomes again subject to fits perhaps
at severer form the physician exhibits his auto-
dale again with no effect whatever the disease
is seizing the supremacy over its victim and very
soon accounting the Dr. of his inability to resist
her. There seems to be a periodicity sometimes
in the occurrence of the fit. This takes place

some times at night only with more or less regularity when the disease begins to acquire a greater aspect. ~~This~~ that order does not exist any longer, day or night it may come. The attack may come on. As the fits increase in number the patient begins to be deprived of the greatest gift of nature. The power of thinking (This is especially the case in congenital Epilepsy which distinguish man from beast....) as the disease repeats with more frequency his attacks the patient begins to be dull in intellect and lose the memory of the past; the natural imbecility of the patient makes him to feel anxiety for those employments that require the exercise of the mental faculties. ³ Of the cause can be traced if it is peripheral Epilepsy naturally the prognosis is more or less favorable. This disease has a terrible influence on

the patient and his relatives has one most
clear in mind to be cautious about letting
the patient know that he is an Epileptic as
this has a depressing influence on him; 1. The
mental influence has something to do in the
treatment of disease, it is in this group of
diseases (those of the nervous system) precisely
when this therapeutical agent comes more exten-
sively into play. Again, the prognosis de-
pends to a certain extent upon the diagnosis
we see in the daily effort of the physician to
decipher human complaint how important it is
to make a good diagnosis, for the future success
in the treatment of the disease; collecting
the symptoms that the patient can afford to
give and those that the medical man collects
through his skill accompanying with his dis-
cretion in the differential diagnosis, and

the knowledge that he can gain by chemical researches and post mortem examinations he proceeds to the treatment of disease, more especially in those maladies that presents some times such rare symptoms, is where he must exercise his judgment his skill in discovering every thing that can hide the disease from sight, we must confess however that in some cases there is such a complication that we have to stand not on a very safe ground, and even those times prescribe an empiric treatment, as there are some cases in which we can not find any cause to account for the disease, or when the lesions is seen in a place beyond human eye; there is the microscope that enables us to look where without it we should be blind the ophthalmoscope the different sorts of special instruments made to show parts that the

naked eye by it self could not see, but there
is no instrument yet discovered to look in
the cranium covered by impenetrable bone walls
the exciting cause of Epilepsy may hide itself
as we see in the case of Dr Wright that I desire
to hereafter.

If the future success in the treatment of the
disease in question depends to a great extent on
the carelessness of the diagnosis, it is very important
to employ great care in making it. The impor-
tance of this I can illustrate. The writer was
subject to sudden and violent contractions of
the left spectral muscle, some times to that of
the right and others to sudden shaking of the
trunk followed by the sensation of the aura
epileptica, irregular palpitations of the heart
and a sense of irritable temper, my digestion
was not good, the attack came on an hour or

two after a full meal. I went to consult a young but well posted physician connected with the University of Penn. who after making a hastyagnosis placed me under a treatment that did not prove successful when I thought about consulting our professor of Practice of Medicine, Dr. A. Stille, who after a careful investigation accompanied by his sound judgment immediately found the disease to be in the stomach, the attack came on in one or two after a meal, . . . my digestion was not good, . . . here the two points that our professor remarked at once, and so directing his treatment, w favorably that now thanks to him I feel myself free from my little suffering.

I have considered the prognosis of Central China as unfavorable, I can not consider it otherwise there been no means to destroy

the disease entirely, but from this do not follow
that I consider the progress to be as ultimate -
others agree in saying that there is no eminent
danger from the attack itself; the mental facul-
ties may be impaired as I have shown but the
patient may enjoy a good health otherwise, and every
more we may diminish the frequency of the fits.

Treatment.

The treatment of
epilepsy may be divided in two parts during the
convulsions and that during the intervals.
The treatment during the paroxysms may be
called protective as it is only thing we can do
is either to prevent it some times or to
protect the patient from the damages result-
ing from the attack. Between the inter-
vals of epilepsy we find that in some cases

The first was he prevented miners relaying his furnace. We do not explain it and consider it sufficient to do so. If there is something beyond our knowledge, if there is a fact that we are not able to account for something that we can not comprehend then we say "it is a mystery" and in this way we find a cause for our ignorance. Dr. Watson relates a case of a boy who tied a cord around his thumb preventing in this way the threatening paroxysm, and other cases that I made attention to of calcium viscosity in a girl, and of dullness in a young man, it happened that if she would be calmed the attack was prevented in him too. The inhalation of chloroform have been tried, tracheotomy and compression of the carotidis have been practised, even blood letting. I do not know whether if these operations have been practised as a protective treatment or as curative I can not

I conceive with great reservations as tracheotomy and compression of the carotids were performed as protective, the danger of suffocation or abortion been evident during the paroxysm still this point seems to me of great interest. It is understood speak of tracheotomy, the danger arising from this operation should be born in mind, and the judgment of the practitioner comes to play in such cases like these, In my humble opinion I do not see great danger from suffocation unless the duration of the paroxysm should be very long, from the compression of the carotids I do not see any benefit as the diminution of the blood to the head is caused by the lesion and therefore this is a symptom and not a cause therefore I do not see great benefit to be derived from this practice. The inhalation of chloroform may be of more benefit, in regard to bleeding in cases

of plethora may be beneficial especially as a curative treatment; that is in cases where we suspect plethora as the only cause to account for the fits. As the attack comes on during the night sometimes it is well to have a bed with raised head and if we will be very rare but about our patient still better I should suggest a net made as a common fishing net fastened on the sides of the bed so as that he could strangle without hurting himself; it is as well to have another person to sleep in the same room as he may roll himself between the sheets and pillows, and that he may not use any dry tight at the neck. By such measures that our natural sense respects to us should be present in the treatment of our unhappy sufferer. As the congestion of the brain is more or less marked in every attack it seems necessary to notice the recommendation of loosing any constriction in the

neck so as to favor the return of blood from the head since the suction of pressure on the carotids it is not without a reason recommended and even the tying of these vessels have been reported by what I think I know we I think that this was done only on account of ignorance as it was thought perhaps that the symptoms were due to the over supply of blood to the brain, and not as it seems more proper that this over supply was a symptom and not a cause.

The treatment during the interval may be curative or palliative, and it is in peripheral Epilepsy that a cure can be effected generally. When Epilepsy is a symptom, when brought the skill of the practitioner a good diagnosis can be made and the real cause of the disease can be removed then a cure is effected, hence the carefulness we must observe in the

treatment of the malady so that it would not happen to him like that, physician that without been very careful, perhaps about his disease in a case of Syphilis and without finding any cause to account for the fits began his unskillful treatment by cleaning his patient's alimentary tract and to the best of my opinion the Dr. happened to prescribe a powerful cathartic of Calomel the result whereof was the expulsion of a Cervical swollen, the exciting cause removed the patient got well.

If we suspect syphilis, then our treatment should be as that prescribed for primary, secondary or tertiary syphilis as the case may be, if we suspect the presence of a tumor body anywhere we must remove it, anything that we cannot account for a cause we must endeavor to remove, although we must not remo-

re indiscriminately as it used to be done in older times when we find in, perhaps anything to account for the disease the patient was subjected to extraction. The serious operation of trephining may be performed if we suspect the presence of a spurula of bone pressing on the brain after a fracture, or a bony growth.

Let us notice the main remedies that are recommended for the cure of Epilepsy those which we look for when we subject the patient to the empirical treatment. The efficacy of some of these are based on the success of the practitioner who recommend them or having casually been found beneficial in some cases, hence we see recommended a rector on the upper and posterior part of the neck having noticed that a boy subject to the malady happened to fall and injured himself on the head, the wound

remained open and supurating for a long time during which the boy was entirely free from the attack, but it exbibited itself again after the closure of the wound. Some recommend the use of mercury others advocate that of m brat of silver, this last named remedy as Dr. Watson says has been used without any effect whatever, the patient remaining after a long treatment with the dressings of a system impregnated with silver as no better by the discolouration of the skin the patient remaining dark colored and still feeble, and in this case doing rather harm than good; we were again obliged our patient to the use of iodine of pitigliani finding after a long course of salivation that our patient did not improved by our treatment.

It seems well to stop for a moment to consider the use of the bromide of potassium as it

of, increased by many complicated substances, among
them our professor of practice, but it is not
in every case of Epilepsy that this drug proves he
neficial. It is only in those cases of central Epilep-
sy when we can not remove the cause of the malady,
then in the appropriate use of the medicine we can
succeed in diminishing the severity and frequency
of the paroxysm, or even stop them for some
time, but as far as the exciting cause is not destruc-
ted the phenomenon have to take place, it may
as I have said remain dormant, as it were, for
a time, and afterward, presents itself again with
more severity, perhaps. Dr. Wood lies as old Sir
Charles Lockett having first drawn the
attention of the profession to the use of the re-
medy for the treatment of Epilepsy, Brown Se-
guard seems to have been successful with the
long in case where a stone was adminis-

tered, and as Dr. Wood says even in cases of intra
cranial lesions it can not effect a cure unless
it causes a diminution in the symptoms of
the disease. Through its sedative influence on
the brain. So many drugs have been advocated
as curative that one of our contemporaneous writers
(Dr. Hart Jr.) expresses himself thus "I would
recommend many drugs simply to corroborate his medi-
cine, the curative efficacy of which, in certain ca-
ses has been attested by 'what' and unheeded
opinions. The list is so extensive, the testimony with
respect to particular remedies so conflicting, and
the instances of incurable - failing are so numerous
that practitioners are apt to consider upon the best
men of a case without much expectation of success.
These words of Dr. Hart I have in view the practi-
tioner ignorant of the pathology of some cases of
Central Spinal (Spinales) 'pressure' have been noticing

about turning even page of the Materia Medica until the end was found experimenting with every drug accompanying with more or less success, and it is well to experiment now with this, then with that and if carefully done, perhaps, the remedy used will be the cure may be found.

There is a therapeutical agent that I have not mentioned this time in winter which acts through the nervous system. Mental influence, - and it is in diseases connected with derangement of the brain that it is more efficacious, the greater from this mental influence acts very powerfully in this complaint is that it is that as I have man known the sight of one attack may cause to develop another in a person or animal that never was subject to it before. So that in order to fulfill our object we may decease our patient saying that he is not a subject to the disease as the

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dear. That every teacher has of been an Epileptic is
great and by assuring him that it is very prob-
able that he may be cured. The success of the so-
called Homeopathic practitioner in my favor op-
inion is based (if they are who succeed,...and not
nature) upon the influence on the ignorant, the
belief that they have of been we come greatly to-
play in such cases, accompany not by the help of
their drugs but by the work of nature.

Morbid Anatomy

What is the
morbid anatomy of Epilepsy; is there any lesion
always found in the cases where post mortem ex-
amination have been made; has this lesion always
been found to be the same; what is the change
in the brain caused by the malady; what is
the nature of this organ in Epilepsy? It is under-

toval these questions are referred to cases of central
Epilepsy as in peripheral it is very natural that
we should find the traces of the disease of which
Epilepsy was a symptom. There has been no satis-
factory explanation given yet in regard to the
point in question and hence the ~~darkness~~ in
which the subject of the disease remains. It is
true that up to date we are ~~as~~ told it will have
been thrown upon the subject, as a consequence
of the researches that have been made on the neu-
rological side; we know that the part affected
is the medulla oblongata, or at least we are told
so but what is the alteration in this organ?
Some say that it is contraction, others that it
is softening, but a fixed point in this regard
is wanting. Let us see the changes found after
death in the case of which I have made alter-
ations many times, founded in the American jour-

nal of the Medical Sciences" for May, 1822, ...
in May on the subject by Dr. J. H. Bright,
of Baltimore. — "A young man aged about twenty
years, who had been from childhood an inmate
of the Baltimore Alms house, was subject as far
back as his way could be traced, to epileptic sei-
zures. The paroxysm ~~would~~ up the convulsive
kind, irregular in the time of attack, occurring
at intervals of only a few days, and sometimes more
than once a day; paroxysms generally of short dura-
tion.

The subject of this case was a German descent, and
though raised from boyhood in the Baltimore Alms-
house, where the English idiom was used exclu-
sively, he could neither speak nor comprehend
that language. This person was of middle size,
robust and strong; his general health good, and
"appetite voracious, his manners insolent and

" " ruined; great apparent tor, ivr ol mind; combe
nance vacan^t; and a somewhat idiotic expression.

The epileptic paroxysm came on at any time
mid of the day or night without order, and inde-
pendent of any evident exciting cause; often set-
ting the patient when eating his meals, and
it was remarked that when this attacked, the
moment the paroxysm ceased he would rise
and return with increased voracity of appetite,
to the repast which had been interrupted by
the fit. One paroxysm at first were followed
by some degree of coma or stupor usually attend-
ed on epileptic seizure, but it was afterwards
discovered that the paroxysms would be abrupt-
ly terminated and coma or stupor prevented
by running and supporting the patient and call-
ing him by loud speaking, together with smart
shaking or agitation of his body.

"About the first of August 1827 the patient
was attacked by paroxysms of more than usual
force, and the fits were repeated at short
intervals, through the day and night, attended
by an attack of perspiration or continued stupor not
common after former attacks. From these circum-
stances it became necessary to pay more attention
to this case than had been required. The
convulsions were long and more violent than at
any time before and the symptoms during the
paroxysms indicated a high degree of convulsive
cerebral embarrassment. The arterial reaction
in the intervals of convulsions amounted to
a considerable degree of pernicious excitement; blood
was retracted from the arm, until the
fibrile action was a good deal subsue, and no
efforts exhibited to remove all causes of gastric
irritation. Those measures produced no suspension

of the invasions nor any mitigation of their force; and it now became evident that serious mischief was generated either from the degree and continuance of cerebral congestion, or from inflammation and effusion. The general countenance not perfectly and explicit even at first had now sunk considerably. The pulse was frequent, but soft and small, indicating a tendency to the state of collapse and exhaustion; under those circumstances it was thought proper to bleed freely from the temporal artery, which was accordingly opened and an or eight ounces of blood thus drawn. The warm bath was directed to be followed by enema of cold water containing a solution of sassafras and tinc. aloë and an epipastic over the cervical spine. The rections could be but partially performed. The convulsive movements increased so as to become nearly incessant though less forcible, and the patient

" expired about thirty-six hours from the commencement of the attack, as described in the preceding sketch of the case. The head was examined some hours after death; when the cranium was removed, the brain matter presented an appearance of great vascular confection; the meningeal arteries throughout all their branches were distended as often in the most successful injection; on raising this membrane the surface of the cerebrum displayed a general, and very remarkable engorgement of all the superficial vessels of the pia mater, exhibiting over both hemispheres the appearance of web or dense net-work of vessels filled to their utmost capacity; the veins winding in the sulci between the convolutions of the brain distended with very black blood, while the intermediate spaces were overspread by arterial branches very plump from great injection. The substance of the brain generally presented nothing unusual except a highly varic

" lar character; the ventricles contained no, (or very little) fluid. While removing the brain by successive, horizontal sections, a cell or cavity was discovered on the right side. The cell or cavity existing at this place was large enough to have contained one or two drachms of fluid, but was empty when discovered, or rather contained only a small quantity of yellowish mucous matter with which its interior surface was covered and stained; the medullary substance immediately around the cell, together with its dura mater covering (the pia mater in front of the cell were destroyed by ulceration) were also tinged with the same greenish yellow hue. This cavity or cell, seemed to have existed a long time, the result apparently of a dissolution of the brain at that point, occurring at some remote period. The direct cause leading to the formation of the cell or cavity in question seemed susceptible of "easy explanation, from a peculiarity in the interior

surface of the cavity. At this place a spine or tubercle of bone, projected from the middle convex point of the right proto-orbital plate, in such a manner and to such extent as to have been evidently a source of constant irritation to that portion of the surface of the anterior lobe of the brain lying upon and in contact with it. This spinous projection was pointed at its extremity and seemed well fitted to produce the kind of lesion which existed in the contiguous portion of the brain; probably irritation of the brain from this cause, was even with the life of the subject involving the liability to the morbid train which marked every period of his existence.

"The patient was idiotic from infancy." We notice in this case that no remedy could have cured the disease unless the bony growth had been removable, the irritant agent remaining concealed like a

thief robbing the poor man of his days of existence.
It seems natural to attribute the irritation the phenomenon of Epilepsy as we see always an agent whether mechanical or otherwise acting as the only accountable cause, but there are cases in which there is a forcing body acting as an irritant upon a nerve without producing Epilepsy, but developing neuralgia or other phenomenon, there must be, as I have said somewhere else, a constitutional tendency to the disease, but what is the lesion in the nervous system predisposing to Epilepsy? this is a muted point, this is a mystery and it is not astonishing that in older time this disease was thought to be the demon inclosed in the sufferer's body, it was a superstitious disease.

We may see that in the mentioned case the post mortem examination do not throw great light upon the subject, the spinala accounts

for the fits, for the insensibility, for the cerebral con�ation δ^c ; but it does not say anything about the medulla oblongata, it does not express the change in the brain besides the abscess formed by the spicula of bone.

I presume that the results of the post mortem examinations in cases of Epilepsy are very much the same as the one just mentioned. The state of the brain predisposing to Epilepsy remains to be mention, there must be a germ as it were, the germ of the disease wanting a cause to develop itself, this we have to admit, as I have mention when as one of the triumphs of Medical science this subject will be brought to light, perhaps in a short space of time, constancy and work will conquer it.

The subject of the nervous system and its clearance

ments has attracted the attention of modern experimenters, therefore our hope will not be disappointed; work has its recompence, . . . work will make us understand the hieroglyphs of the book of nature.